

TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC

FROM:
ROUTING CODE:
ADDRESS:

PHONE NUMBER:

(This block to be completed by liaison officer)

IS THIS A NEW BILLET:	YES	NO
BILLET PRIORITY:	A, B, C,	R

IMMEDIATE SUPERVISOR:

TITLE:

PHONE NUMBER:

OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)

1. GENERAL DESCRIPTION OF BILLET:

2. DUTIES AND RESPONSIBILITIES:

a. Is this a supervisory billet?	YES	NO
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b. If so, state number and grade of personnel supervised. Number:

Grade(s):

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: